DEPARTMENT OF AGRICULTURE DIVISION OF AGRICULTURAL RESOURCES

DIRK KEMPTHORNE Governor PATRICK A. TAKASUGI Director

TO:

Pesticide Registrants

FROM:

Pamela Dupree, Technical Records Specialist 1

Enclosed is the application form required in order to register pesticide products for sale in Idaho. Please submit your application in the following manner:

- 1. Complete and sign the application.
- 2. Include remittance of \$145.00 per product.
- 3. Include ONE copy of your label
- 4. Include ONE copy of the EPA stamped label
- 5. Mail to the post office box below.

ISDA does not file MSDS sheets or Confidential Statements of Formula. Do not submit MSDS sheets or Confidential Statements of Formula unless specifically requested.

or

Mail all correspondence to:

Post Office Box:

Physical Address:

Idaho State Department of Agriculture PO Box 7723

Boise, ID 83707

Idaho Department of Agriculture 2270 Old Penitentiary Road Boise, ID 83712

Phone:

Facsimile:

208-332-8610 208-334-3547

Additional forms are available online at: //www.agri.idaho.gov/

Upon approval an Idaho Certificate of Registration will be mailed to you.



DEPARTMENT OF AGRICULTURE DIVISION OF AGRICULTURAL RESOURCES

DIRK KEMPTHORNE
Governor
PATRICK A. TAKASUGI
Director

(A)	APPLICAT.	ION FOR REGISTRA	TION OF PESTICIDES	
Please enter	company name ar	nd mailing addre	ss in the space prov	vided.
NAME:		· ·	TELEPHONE #	,
ADDRESS:				
CITY:			()	
			24-Hour Emergency	¥
		No of Product	cs =	
		X \$145 Reg F	e =	
		Late Penalty	Fee =	
		Total Fee Rer	nitted =	
listed on the labeled as de name and addr	in every respect attached regis escribed (and, i cess will be sho	t, that each and stration form and in addition, that own); that the at	ring on the reference every package of the disconputer print- t the net weight and tached declarations	e materials out will be manufacturer's
isted, for a	and on behalf of	the registrant	Title	e materials
Please print	or type name cl	early	Company EPA	A Reg #
This applicat	ion must be acc	companied by a pr	coduct registration you wish to register	form and/an
	Idak Divisi	ho Department of ion of Agricultu P O Box 7' Boise ID 8 208-332-86	ral Technology 723 3707	
A Certificati concerning yo	on of Registrat: ur request for :	ion will be returegistration.	erned to you upon app	proval. Comments

STATE OF IDAHO PESTICIDE PRODUCT REGISTRATION FORM

This form MUST be completed each time a registration is requested for: (a) a new product; or, (b) a previously registered product bearing a new name or EPA registration number.

Submit this form to the Idaho Department of Agriculture with one (1) copy of each product label.

Submit one (1) copy of proof of federal registration for all new products not previously registered in Idaho. Company Name _____Company EPA # ____ PRODUCT NAME (As shown on label) EPA Registration # (if applicable) 10. 11. 12.____ 13.

14.